

# MONTANA CHEMICAL DEPENDENCY CENTER

## POLICY AND PROCEDURE MANUAL

---

|  |  |
|--|--|
| <b>Policy Subject: Outline of Exposure Control Plan (AKA Bloodborne Pathogen Standard)</b> |  |
| <b>Policy Number: ICP 02</b>   | <b>Standards/Statutes: ARM 37.27.121.130</b> |
| <b>Effective Date: 01/01/02</b>  | <b>Page 1 of 4</b>                           |

---

### **PURPOSE:**

To reduce, minimize and/or eliminate employee bloodborne pathogens exposures through emphasizing the control of exposures and the use of engineering controls to make a safer workplace.

### **POLICY:**

This facility is committed to providing a safe and healthful work environment for the staff. The Exposure Control Plan (ECP) is to minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, also known as the Bloodborne Pathogen Standard.

It is the responsibility of management to establish standards and training for the prevention and control of infection when handling contaminated objects or material. Engineering controls, such as hand washing facilities, personal protective equipment, eye wash stations, and sharps disposal containers are readily available to all employees to eliminate or minimize exposure to contaminated material or objects.

The health care workers also have responsibility for their own safety by attending all required safety training sessions and by following proper procedure when dealing with contaminated or other possible contaminated material.

### **PROCEDURE:**

I. The Safety Officer is responsible for the implementation of the ECP. The safety officer with the assistance of the infection control nurse will:

A. Maintain, review, and update the ECP at least annually, and as necessary. Those employees who are determined to have possible exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in the ECP.

B. Make sure all necessary personal protective equipment (PPE) and engineering controls are in place and available, as required by the ECP.

C. Ensure that all medical/nursing procedures and actions performed at MCDC follow the ECP.

D. Provide training and document the training. Employees will receive an annual refresher training of the ECP. Employees may review the plan at any time and a copy will be provided upon request. The infection control/employee health nurse will maintain a confidential health record on each employee as detailed in the ECP.

E. Make sure the ECP is available to employees and OSHA representatives.

II. There will be an Employee Exposure Determination for each job classification. An Exposure Identification Form is completed on each employee. This form is kept in the employee health file and updated annually.

III. HBV immunization is offered at no cost to employees according to policy (Hepatitis B Vaccination ICP 05).

IV. All employees receive annual Tuberculosis screening as defined in policy (Employee Tuberculosis Screening ICP 01).

V. This facility follows Universal Precautions (UP), Body Substance Isolation, and Standard Precautions. The concept presumes that the blood and body fluids of all patients are potentially infected with bloodborne pathogens. Under UP, blood and body fluids, which are potential carries of pathogens, include cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, vaginal, and semen fluids. UP does not pertain to feces, nasal secretions, sputum, sweat, tears, urine, saliva, or breast milk unless visible blood is present. With Body Substance Isolation, any body substance from any individual is considered infectious. A standard precaution, a more strict form of UP, incorporates infection control (IC) procedures that protect the patient as well as the healthcare worker.

VI. This facility has engineering controls (EC) in place for the employees and for the patients as necessary. EC available at MCDC include but are not limited to:

- |                               |                            |
|-------------------------------|----------------------------|
| A. Handwashing facilities     | G. Masks                   |
| B. Spill clean-up kits        | H. Utility gloves          |
| C. Sharps disposal containers | I. Resuscitation equipment |
| D. Impervious gowns           | J. Sterile gloves          |
| E. Protective goggles         | K. Safety syringes         |
| F. Non-latex gloves           | L. Protective Apron        |

VII. MCDC requires employees to wash their hands at specific times as defined in policy.

(ICP 03)

VIII. Work practices are evaluated on an on-going basis. Employees can report an unsafe condition through an Employee Situation Report or submitting their concern to the safety committee or to any member of management. If there is an employee or patient injury, an incident report is completed. In accordance to policy, nursing supervisor completes an investigation of all incident reports and as necessary makes recommendations for corrective action. Depending on the incident, any recognized safety concern and the corrective action recommendation will be addressed immediately by the management team and/or the safety committee. Or if not of an immediate nature, the incident report and recommendations will be reviewed by the safety committee at their quarterly meeting.

IX. At a minimum of annually, the Safety Officer solicits input from direct care staff related to selection and evaluation of engineering and work practice controls utilized. MCDC will utilize safer medical devices that are appropriate, commercially available, and effective. An effective safer medical device will make an occupational exposure incident less likely to occur. The input from nurses on safer medical devices is gathered at the nursing meetings at a minimum of annually and nurses' input is documented in the form of the minutes for the nurses meeting.

X. MCDC maintains a sharps injury log for recording percutaneous injuries from contaminated sharps. The information in the log maintains the confidentiality of the injured employee. The log contains:

- A. The type and brand of the device involved.
- B. The work area where the exposure occurred.
- C. An explanation of how the incident occurred.

XI. All employees have access to personal protective equipment (PPE). Specific training on the proper use of PPE and the locations of the PPE are provided to employees at the time of hire and annually.

XII. Biohazard containers are readily available for regulated waste. Sharps containers are available and located in areas where invasive procedures and phlebotomies are performed. They are puncture-resistant, leak proof, red in color, and closeable. Force should never be used to place a contaminated needle/ sharps into a sharps container. Sharps containers are considered full when 80% full and must be changed at that time. The nursing staff is responsible to monitor the sharp containers and empty as necessary. If there is not a wall mounted sharps container in the room, a portable sharps container must be transported to area by the medical/nursing staff prior to an invasive procedure. The medical/nursing staff should never walk in the halls with an exposed needle. Any container or room that contains blood or OPIM is marked with a biohazard label or be red in color, i.e. sharps containers, blood draw room, dirty utility room, and refrigerator containing blood samples. Individuals should never try to remove a needle, syringe, or any object from a sharps container.

XIII. MCDC has a contract with SureWay Systems, Inc. (846-2370) to pick up all regulated waste. SureWay Systems comes on Mondays when necessary. It is the responsibility of the staff

XV. To prevent an employee exposure to bloodborne pathogens in the event of a blood spill, all employees are trained at the time of hire and annually in the proper procedure to follow regarding clean-up as defined in policy (Clean-Up of Blood or Other Potentially Infectious Material ICP 04).

XVII. Soiled laundry is bagged in the patient room. Contaminated laundry must be placed in a leak-proof, biohazard labeled bag or a red colored bag before transport. PPE including gloves and protective apron must be worn when handling contaminated laundry.

XIX. MCDC worksites are maintained in a clean and sanitary condition. The cleaning schedule is posted at each worksite.

Approved By: \_\_\_\_\_ 01/01/02  
David J. Peshek, Administrator Date